

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

09 FEB -4 AM 11:32

Office Use Only

1. NAME OF  
COMMITTEE (in full)

USE FEC MAILING LABEL  
OR TYPE OR PRINT

Example: If typing, type  
over the lines

Friends of Bruce Lunsford

ADDRESS (number and street)

1500 Bardstown Road

Second Floor

Check if different  
than previously  
reported. (ACC)

Louisville

KY

40205

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00445320

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

STATE DISTRICT

KY

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the  
State of

5. Covering Period

11

25

2008

through

12

31

2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Emily Aronstamm Bergmann, Assistant Treasurer

Signature of Treasurer

*Emily Aronstamm Bergmann*

Surer 01

27

2009

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

FE5AN018

29020081808

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Friends of Bruce Lunsford

Report Covering the Period: From: <sup>M M</sup> 1 1 <sup>D D</sup> 2 5 <sup>Y Y Y Y</sup> 2 0 0 8 To: <sup>M M</sup> 1 2 <sup>D D</sup> 3 1 <sup>Y Y Y Y</sup> 2 0 0 8

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	100.00	2232044.46
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	1600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	100.00	2230444.46
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	118368.44	10799607.15
(b) Total Offsets to Operating Expenditures (from Line 14).....	13916.27	16757.30
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	104452.17	10782849.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	81967.51	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	8633354.49	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

20020081009

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name  
Friends of Bruce Lunsford

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y  
1 1 2 5 2 0 0 8 1 2 3 1 2 0 0 8

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees	0.00	1479668.94
(i) Itemized (use Schedule A).....		
(ii) Unitemized.....	100.00	309961.12
(iii) TOTAL of contributions		
from individuals..... ▶	100.00	1792750.06
(b) Political Party Committees.....	0.00	2850.00
(c) Other Political Committees		
(such as PACS).....	0.00	421285.00
(d) The Candidate.....	0.00	15159.40
(e) TOTAL CONTRIBUTIONS		
(other than loans)	100.00	2232044.46
(add Lines 11(a)(iii), (b), (c), and (d))		
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	367.39	52374.90
13. LOANS		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	180000.00	8580000.00
(c) TOTAL LOANS		
(add Lines 13(a) and (b)).....	180000.00	8580000.00
14. OFFSETS TO OPERATING EXPENDITURES		
(Refunds, Rebates, etc.).....	13916.27	16757.30
15. OTHER RECEIPTS		
(Dividends, Interest, etc.).....	0.00	1998.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	194383.66	10883174.66

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	118368.44	10799607.15
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	1600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	1600.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) >	118368.44	10801207.15

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5952.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	194383.66
25. SUBTOTAL (add Line 23 and Line 24).....	200335.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	118368.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	81967.51

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 5 / 45	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

Blue Senate 2008

Mailing Address 426 C Street, NE  
Rear Building

City State Zip Code  
Washington DC 20002

FEC ID number of contributing  
federal political committee. **C** C00454108

Name of Employer Occupation

Receipt For: 2008  
Primary ☒ General  
Other (specify) ▼

Election Cycle-to-Date ▼  
14167.39

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 5 / 2 0 0 8

Transaction ID: C17892813

Amount of Each Receipt this Period

367.39

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>367.39</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>367.39</b>

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 / 45	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input checked="" type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

W. Bruce Lunsford

Mailing Address 4360 Brownsboro Road, Suite 305

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lunsford Capital

Occupation

Chairman & CEO

Receipt For: 2008

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

8595159.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 1 / 2 0 0 8

Transaction ID: C17898632

Amount of Each Receipt this Period

100000.00

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

W. Bruce Lunsford

Mailing Address 4360 Brownsboro Road, Suite 305

City

Louisville

State

KY

Zip Code

40207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lunsford Capital

Occupation

Chairman & CEO

Receipt For: 2008

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

8595159.40

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 8

Transaction ID: C17898633

Amount of Each Receipt this Period

80000.00

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) ..... 180000.00

TOTAL This Period (last page this line number only) ..... 180000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 45

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

Advanced Global

Mailing Address P.O. Box 177

City

State

Zip Code

Prospect

KY

40059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

919.18

Date of Receipt

M M / D D / Y Y Y Y  
12 05 2008

Transaction ID: C17892816

Amount of Each Receipt this Period

919.18

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

AT&T BellSouth

Mailing Address P.O. Box 105262

City

State

Zip Code

Atlanta

GA

30348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

2836.73

Date of Receipt

M M / D D / Y Y Y Y  
12 18 2008

Transaction ID: C17898636

Amount of Each Receipt this Period

645.76

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

AT&T BellSouth

Mailing Address P.O. Box 105262

City

State

Zip Code

Atlanta

GA

30348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

2836.73

Date of Receipt

M M / D D / Y Y Y Y  
12 18 2008

Transaction ID: C17898637

Amount of Each Receipt this Period

2190.97

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3755.91

TOTAL This Period (last page this line number only)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 / 45	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

Media Strategies

Mailing Address 9990 Lee Highway, Suite 210

City State Zip Code  
Fairfax VA 22030

FEC ID number of contributing  
federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
Primary X General  
Other (specify) ▼

Election Cycle-to-Date ▼  
7751.22

Date of Receipt

M M / D D / Y Y Y Y  
12 10 2008

Transaction ID: C17898635

Amount of Each Receipt this Period

7751.22

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Sullivan Screen Printing

Mailing Address 3808 Fitzgerald Rd

City State Zip Code  
Louisville KY 40216

FEC ID number of contributing  
federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
Primary X General  
Other (specify) ▼

Election Cycle-to-Date ▼  
217.45

Date of Receipt

M M / D D / Y Y Y Y  
12 05 2008

Transaction ID: C17892815

Amount of Each Receipt this Period

217.45

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

US Postal Service

Mailing Address 4440 Crittenden Dr

City State Zip Code  
Louisville KY 40221

FEC ID number of contributing  
federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
Primary X General  
Other (specify) ▼

Election Cycle-to-Date ▼  
1854.70

Date of Receipt

M M / D D / Y Y Y Y  
12 09 2008

Transaction ID: C17898634

Amount of Each Receipt this Period

1854.70

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) 9823.37

TOTAL This Period (last page this line number only)



**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 45

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

VanZandt, Emrich & Cary

Mailing Address P.O. Box 99565

City

Louisville

State

KY

Zip Code

40269

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

Primary X General

Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 2 / 2 0 0 8

Transaction ID: C17898640

Amount of Each Receipt this Period

300.00

Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

13879.28

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 45

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

<b>A.</b>	Full Name (Last, First, Middle Initial)	<b>Transaction ID:</b> D356739
	American Express	Date of Disbursement
	Mailing Address PO Box 53852	M M / D D / Y Y Y Y 12 / 04 / 2008
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee Candidate Name Category/Type	4.50 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District: Disbursement For: 2008 Primary X General Other (specify) ▼	
<b>B.</b>	Full Name (Last, First, Middle Initial)	<b>Transaction ID:</b> D356744
	American Express	Date of Disbursement
	Mailing Address PO Box 53852	M M / D D / Y Y Y Y 12 / 08 / 2008
	City Phoenix State AZ Zip Code 85072	Amount of Each Disbursement this Period
	Purpose of Disbursement Merchant Fee Candidate Name Category/Type	557.60 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District: Disbursement For: 2008 Primary X General Other (specify) ▼	
<b>C.</b>	Full Name (Last, First, Middle Initial)	<b>Transaction ID:</b> D356728
	Anthem Blue Cross Blue Shield	Date of Disbursement
	Mailing Address 9901 Linn Station Road, #1	M M / D D / Y Y Y Y 12 / 02 / 2008
	City Louisville State KY Zip Code 40202	Amount of Each Disbursement this Period
	Purpose of Disbursement health insurance Candidate Name Category/Type	526.23 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District: Disbursement For: 2008 Primary X General Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... **1088.33**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 45

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

A. Full Name (Last, First, Middle Initial) At&t	Transaction ID: D356748 Date of Disbursement
Mailing Address P.O. Box 105262	M M / D D / Y Y Y Y 12 / 17 / 2008
City Atlanta State GA Zip Code 30348	Amount of Each Disbursement this Period
Purpose of Disbursement cell phone service	152.28
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ State: District:	Category/ Type
B. Full Name (Last, First, Middle Initial) Emily Aronstamm Bergmann	Transaction ID: D356750 Date of Disbursement
Mailing Address 4019 Richland Avenue	M M / D D / Y Y Y Y 12 / 18 / 2008
City Louisville State KY Zip Code 40207	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - travel	25.26
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ State: District:	Category/ Type
C. Full Name (Last, First, Middle Initial) Brian Whitehurst	Transaction ID: D356746 Date of Disbursement
Mailing Address 2944 Upton Street, NW	M M / D D / Y Y Y Y 12 / 10 / 2008
City Washington State DC Zip Code 20008	Amount of Each Disbursement this Period
Purpose of Disbursement Reimbursement - Travel Expenses	87.47
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼ State: District:	Category/ Type

SUBTOTAL of Disbursements This Page (optional) 265.01

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 45

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A. Full Name (Last, First, Middle Initial)  
Duplicator Sales & Service, Inc.

Mailing Address 831 East Broadway

City Louisville State KY Zip Code 40204

Purpose of Disbursement  
Copier Rental Fee

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2008  
Primary X General  
Other (specify) ▼

State: District:

Transaction ID: D356738

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

135.64

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)  
Express EMPS

Mailing Address PO Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
Merchant Fee

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2008  
Primary X General  
Other (specify) ▼

State: District:

Transaction ID: D356740

Date of Disbursement

12 / 04 / 2008

Amount of Each Disbursement this Period

1009.59

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C. Full Name (Last, First, Middle Initial)  
FedEx

Mailing Address PO Box 371461

City Pittsburgh State PA Zip Code 15250

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought: House Senate President  
Disbursement For: 2008  
Primary X General  
Other (specify) ▼

State: District:

Transaction ID: D356751

Date of Disbursement

12 / 18 / 2008

Amount of Each Disbursement this Period

21.10

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

1166.33

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 / 45

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

Integram

Mailing Address 8421 Hilltop Road

City State Zip Code  
Fairfax VA 22031-4316

Purpose of Disbursement  
thank you mailing

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D356749

Date of Disbursement

12 / 18 / 2008

Amount of Each Disbursement this Period

4258.15

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Integram

Mailing Address 8421 Hilltop Road

City State Zip Code  
Fairfax VA 22031-4316

Purpose of Disbursement  
Postage for Mailing

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D356753

Date of Disbursement

12 / 18 / 2008

Amount of Each Disbursement this Period

1028.56

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Integram

Mailing Address 8421 Hilltop Road

City State Zip Code  
Fairfax VA 22031-4316

Purpose of Disbursement  
thank you mailing

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D356727

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

2158.34

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7445.05

TOTAL This Period (last page this line number only)

FE5AN018

FEC Schedule B ( Form 3 ) (Revised 02/2003)

20020081820

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

<b>A.</b> Full Name (Last, First, Middle Initial) J.R. Aviation, Inc.	<b>Transaction ID:</b> D356745 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 0 / 2 0 0 8
Mailing Address 7000 Airport Drive, #204	
City Sellersburg State IN Zip Code 47172	Amount of Each Disbursement this Period 2286.90
Purpose of Disbursement Airfare	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type
Office Sought: House Senate President State: District:	Disbursement For: 2008 Primary X General Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kentucky State Treasurer	<b>Transaction ID:</b> D356756 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8
Mailing Address Kref 140 Walnut Street	
City Frankfort State KY Zip Code 40601	Amount of Each Disbursement this Period 2312.50
Purpose of Disbursement Airfare	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type
Office Sought: House Senate President State: District:	Disbursement For: 2008 Primary X General Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Kentucky State Treasurer	<b>Transaction ID:</b> D356757 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 8
Mailing Address Kref 140 Walnut Street	
City Frankfort State KY Zip Code 40601	Amount of Each Disbursement this Period 1850.00
Purpose of Disbursement Airfare	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Category/ Type
Office Sought: House Senate President State: District:	Disbursement For: 2008 Primary X General Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) 6449.40

**TOTAL** This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

Kentucky State Treasurer

Mailing Address

Kref  
140 Walnut Street

City

Frankfort

State

KY

Zip Code

40601

Purpose of Disbursement

Airfare

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2008

Primary

☒ General

Other (specify) ▼

State:

District:

Transaction ID: D356758

Date of Disbursement

12 / 18 / 2008

Amount of Each Disbursement this Period

1572.50

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Lexis Nexis

Mailing Address

PO Box 2314

City

Carol Stream

State

IL

Zip Code

60132

Purpose of Disbursement

Subscription - final bill

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2008

Primary

☒ General

Other (specify) ▼

State:

District:

Transaction ID: D356754

Date of Disbursement

12 / 18 / 2008

Amount of Each Disbursement this Period

150.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Liberty Concepts

Mailing Address

119 Braintree Street, Suite 211

City

Allston

State

MA

Zip Code

02134

Purpose of Disbursement

Website Maintenance

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

2008

Primary

☒ General

Other (specify) ▼

State:

District:

Transaction ID: D356729

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

2722.50

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

Louisville Geek

Transaction ID: D356755

Date of Disbursement

12 / 18 / 2008

Mailing Address 3900 Shelbyville Road

City Louisville State KY Zip Code 40207

Amount of Each Disbursement this Period

32.50

Purpose of Disbursement  
Computer Networking Services

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: House Senate President  
Disbursement For: 2008 Primary X General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Marriott Louisville Downtown

Transaction ID: D356730

Date of Disbursement

12 / 02 / 2008

Mailing Address 280 West Jefferson Street

City Louisville State KY Zip Code 40202

Amount of Each Disbursement this Period

5105.23

Purpose of Disbursement  
General Election Night Party

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: House Senate President  
Disbursement For: 2008 Primary X General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

John Marshall

Transaction ID: D356747

Date of Disbursement

12 / 10 / 2008

Mailing Address 214 Brunswick Rd

City Louisville State KY Zip Code 40207

Amount of Each Disbursement this Period

232.54

Purpose of Disbursement  
reimbursement - travel

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: House Senate President  
Disbursement For: 2008 Primary X General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

5370.27

TOTAL This Period (last page this line number only) ▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

<b>A.</b> Full Name (Last, First, Middle Initial) National City Bank	<b>Transaction ID:</b> D356726 <b>Date of Disbursement</b>
Mailing Address PO Box 36000	M M / D D / Y Y Y Y 11 / 28 / 2008
City Louisville State KY Zip Code 40233	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement wire fee	79.00
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: 2008 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) National City Bank	<b>Transaction ID:</b> D356762 <b>Date of Disbursement</b>
Mailing Address PO Box 36000	M M / D D / Y Y Y Y 12 / 31 / 2008
City Louisville State KY Zip Code 40233	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement wire fee	104.42
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: 2008 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) National City Bank	<b>Transaction ID:</b> D356775 <b>Date of Disbursement</b>
Mailing Address PO Box 36000	M M / D D / Y Y Y Y 11 / 25 / 2008
City Louisville State KY Zip Code 40233	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Service Charge	202.90
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: House Senate President State: District:	Disbursement For: 2008 Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) 386.32

**TOTAL** This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

National City Bank

Mailing Address PO Box 36000

City State Zip Code  
Louisville KY 40233

Purpose of Disbursement

Bank Service Fee

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
Other (specify) ▼

Transaction ID: D356776

Date of Disbursement

12 / 31 / 2008

Amount of Each Disbursement this Period

57.10

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Nexus Direct

Mailing Address 621 Lynnhaven Pkwy, #251

City State Zip Code  
Virginia Beach VA 23452

Purpose of Disbursement

Retainer for Direct Mail Consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
Other (specify) ▼

Transaction ID: D356731

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

6000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Paydata KY

Mailing Address 169 Burt Road

City State Zip Code  
Lexington KY 40503

Purpose of Disbursement

payroll taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
Other (specify) ▼

Transaction ID: D353135

Date of Disbursement

12 / 05 / 2008

Amount of Each Disbursement this Period

1020.76

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)

7077.86

TOTAL This Period (last page this line number only)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

<b>A.</b> Full Name (Last, First, Middle Initial) Paydata KY	<b>Transaction ID:</b> D353136 <b>Date of Disbursement</b>
Mailing Address 169 Burt Road	12 / 05 / 2008
City Lexington State KY Zip Code 40503	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll service fee	48.40
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Sharon Sanak	<b>Transaction ID:</b> D353137 <b>Date of Disbursement</b>
Mailing Address 1249 Everett Ave #2	12 / 05 / 2008
City Louisville State KY Zip Code 40204-2259	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement payroll	1670.49
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Shred-It	<b>Transaction ID:</b> D356732 <b>Date of Disbursement</b>
Mailing Address 10115 Production Court	12 / 02 / 2008
City Louisville State KY Zip Code 40299	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement shredding service	63.55
Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) 1782.44

**TOTAL** This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

Shred-It

Transaction ID: D356752

Date of Disbursement

12 / 18 / 2008

Mailing Address 10115 Production Court

City Louisville State KY Zip Code 40299

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement  
shredding service - final

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: House Senate President  
Disbursement For: 2008 Primary ☒ General Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)

Shred-It

Transaction ID: D356761

Date of Disbursement

12 / 22 / 2008

Mailing Address 10115 Production Court

City Louisville State KY Zip Code 40299

Amount of Each Disbursement this Period

63.55

Purpose of Disbursement  
shredding service

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: House Senate President  
Disbursement For: 2008 Primary ☒ General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Southwest Communication Strategies LLC

Transaction ID: D356759

Date of Disbursement

12 / 18 / 2008

Mailing Address 2021 Aspen Brook Drive

City Henderson State NV Zip Code 89074

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement  
Strategic Consulting Fee

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought: House Senate President  
Disbursement For: 2008 Primary ☒ General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

15163.55

TOTAL This Period (last page this line number only)

20020081827

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

The Lexington Club

Mailing Address 170 Esplanade

City Lexington State KY Zip Code 40507

Purpose of Disbursement  
Food and Beverage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D356733

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

1353.40

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

themeparks, LLC

Mailing Address 1500 Bardstown Road

City Louisville State KY Zip Code 40205

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D356734

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

16151.02

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

themeparks, LLC

Mailing Address 1500 Bardstown Road

City Louisville State KY Zip Code 40205

Purpose of Disbursement  
Rent

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D356735

Date of Disbursement

12 / 02 / 2008

Amount of Each Disbursement this Period

16578.81

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

34083.23

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

<b>A.</b> Full Name (Last, First, Middle Initial) themeparks, LLC	<b>Transaction ID:</b> D356736 <b>Date of Disbursement</b>
<b>Mailing Address</b> 1500 Bardstown Road	<div> <div>M</div> <div>M</div> <div>/</div> <div>D</div> <div>D</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div> <div>12</div> <div>02</div> <div>2008</div> </div>
<b>City</b> Louisville <b>State</b> KY <b>Zip Code</b> 40205	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Rent	<div>15829.89</div>
<b>Candidate Name</b>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> House Senate President <b>Disbursement For:</b> 2008 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ <b>State:</b> District:	<b>Category/Type</b>
<b>B.</b> Full Name (Last, First, Middle Initial) themeparks, LLC	<b>Transaction ID:</b> D356737 <b>Date of Disbursement</b>
<b>Mailing Address</b> 1500 Bardstown Road	<div> <div>M</div> <div>M</div> <div>/</div> <div>D</div> <div>D</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div> <div>12</div> <div>02</div> <div>2008</div> </div>
<b>City</b> Louisville <b>State</b> KY <b>Zip Code</b> 40205	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Rent	<div>17842.30</div>
<b>Candidate Name</b>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> House Senate President <b>Disbursement For:</b> 2008 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ <b>State:</b> District:	<b>Category/Type</b>
<b>C.</b> Full Name (Last, First, Middle Initial) themeparks, LLC	<b>Transaction ID:</b> D356760 <b>Date of Disbursement</b>
<b>Mailing Address</b> 1500 Bardstown Road	<div> <div>M</div> <div>M</div> <div>/</div> <div>D</div> <div>D</div> <div>/</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div> <div> <div>12</div> <div>22</div> <div>2008</div> </div>
<b>City</b> Louisville <b>State</b> KY <b>Zip Code</b> 40205	<b>Amount of Each Disbursement this Period</b>
<b>Purpose of Disbursement</b> Rent	<div>1401.96</div>
<b>Candidate Name</b>	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>Office Sought:</b> House Senate President <b>Disbursement For:</b> 2008 Primary <input checked="" type="checkbox"/> General Other (specify) ▼ <b>State:</b> District:	<b>Category/Type</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

**35074.15**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
	20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

A.

Full Name (Last, First, Middle Initial)

USPS

Transaction ID: D356725

Date of Disbursement

M M / D D / Y Y Y Y  
11 / 25 / 2008

Mailing Address Baxter Finance Station

City  
Louisville

State  
KY

Zip Code  
40204

Amount of Each Disbursement this Period

294.00

Purpose of Disbursement  
stamps

Candidate Name

Category/  
Type

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Office Sought:

House

Senate

President

Disbursement For: 2008

☐ Primary

☒ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional) ►

294.00

TOTAL This Period (last page this line number only) ►

118368.44

# SCHEDULE C (FEC Form 3)

PAGE 24 / 45

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L628

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
530000.00	0.00	530000.00

### TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M D Y Y Y 0 2 1 5 2 0 0 8	12/31/2008	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

530000.00

**TOTALS** This Period (last page in this line only) .....

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE C (FEC Form 3)

PAGE 25 / 45

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L632

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

470000.00

0.00

470000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 4

D D  
0 9

Y Y Y Y  
2 0 0 8

12/31/2008

.0000 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

470000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

PAGE 26 / 45

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L652

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

50000.00

0.00

50000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 4

D D  
2 4

Y Y  
2 0 0 8

12/31/2008

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

50000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

PAGE 27 / 45

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L684

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

550000.00

0.00

550000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 5

D D  
0 9

Y Y Y Y  
2 0 0 8

12/31/2008

.0000

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

550000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 28 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L685

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☒ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

### TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 05 D 19 Y 2008	12/31/2008	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

500000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 29 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L686

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

1000000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 6

D D  
2 7

Y Y Y Y  
2 0 0 8

12/31/2008

.0000

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

1000000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 30 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L707

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

450000.00

0.00

450000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9

D D  
2 5

Y Y  
2 0

Y Y  
0 8

12/31/2008

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

450000.00

**TOTALS** This Period (last page in this line only) .....

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

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## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L708

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400000.00

0.00

400000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 8

D D  
2 7

Y Y Y Y  
2 0 0 8

12/31/2008

.0000

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

400000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 32 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L709

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

### TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 09 D 03 Y 2008	12/31/2008	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ►

250000.00

**TOTALS** This Period (last page in this line only) ►

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 33 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L710

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	0.00	250000.00

### TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M D D Y Y Y Y 09 10 2008	12/31/2008	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

250000.00

**TOTALS** This Period (last page in this line only) .....

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 34 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L711

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

450000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

450000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
0 9

D D Y Y  
1 7 2 0 0 8

12/31/2008

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

450000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 35 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L713

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

600000.00

0.00

600000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M D D Y Y Y Y  
09 30 2008

12/31/2008

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

600000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 36 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L728

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

250000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

250000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
10

D D  
08

Y Y  
2008

12/31/2008

.0000

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

250000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 37 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L729

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200000.00

0.00

200000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M D Y Y Y  
10 15 2008

12/31/2008

.0000

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

200000.00

**TOTALS** This Period (last page in this line only) .....

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 38 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)

Friends of Bruce Lunsford

Transaction ID: L733

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

1000000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0

D D  
1 6

Y Y Y Y  
2 0 0 8

12/31/2008

.0000

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

1000000.00

**TOTALS** This Period (last page in this line only) .....

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 39 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L748

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000000.00

0.00

1000000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 0

D D  
2 3

Y Y Y Y  
2 0 0 8

12/31/2008

.0000

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

1000000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 40 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L752

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:  
☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM DD YY 10 29 2008	12/31/2008	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

100000.00

**TOTALS** This Period (last page in this line only) ▶

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 41 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L761

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:  
☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
350000.00	0.00	350000.00

### TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M D D Y Y Y Y 11 13 2008	12/31/2008	.0000 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

### List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

350000.00

**TOTALS** This Period (last page in this line only) .....

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 42 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L773

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUNDS]

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville

State KY

ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

12/01/2008

12/31/2009

.0000

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

**SUBTOTALS** This Period This Page (optional) .....

100000.00

**TOTALS** This Period (last page in this line only) .....

.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

# SCHEDULE C (FEC Form 3)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 43 / 45

FOR LINE NUMBER:  
(check only one)

☐ 13a  
☒ 13b

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

Transaction ID: L774

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
W. Bruce Lunsford, PERS FUNDS - [PERSONAL FUN-  
DS]

Election:  
☐ Primary  
☒ General  
☐ Other (specify) ▼

Mailing Address 4360 Brownsboro Road, Suite 305

City Louisville State KY ZIP Code 40207

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

80000.00

0.00

80000.00

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M  
1 2

D D  
2 9

Y Y Y Y  
2 0 0 8

12/31/2009

.0000

% (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

80000.00

**TOTALS** This Period (last page in this line only) ▶

8580000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 44 / 45

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)  
Friends of Bruce Lunsford

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
Lunsford Capital, LLC

**Nature of Debt (Purpose):**  
Campaign Expenses to be  
reimbursed

Mailing Address 4360 Brownsboro road, suite 305

City State ZIP Code  
Louisville KY 40207

Outstanding Balance Beginning This Period

Transaction ID: D356778

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

31243.91

0.00

31243.91

**B. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
W. Bruce Lunsford

**Nature of Debt (Purpose):**  
Personal Reimbursement

Mailing Address 4360 Brownsboro Road, Suite 305

City State ZIP Code  
Louisville KY 40207

Outstanding Balance Beginning This Period

Transaction ID: D356777

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

22110.58

0.00

22110.58

**1) SUBTOTALS** This Period This Page (optional).....

53354.49

**2) TOTALS** This Period (last page this line number only).....

53354.49

**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

8580000.00

**4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)**.....

8633354.49

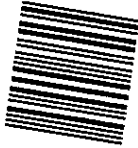
All donors have been previously disclosed.

200200-1453  
Friends of Bruce Lunsford  
PO Box 4146  
Louisville, KY 40204

**X-RAYED  
IN THE SENATE  
POST OFFICE**



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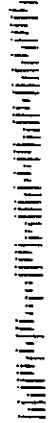


22310

U.S. POSTAL  
PAID  
NASHVILLE, TN  
37230  
JAN 31, 09  
AMOUNT

**\$2.19**  
000846-10-22

Secretary of the Senate  
Office of Public Records  
PO Box 5109  
Alexandria, VA 22310



# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_

Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_

1-31-09

Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_

Postmark

USPS PRIORITY MAIL \_\_\_\_\_

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_

Postmark

## OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_

☐

UPS \_\_\_\_\_

☐

DHL \_\_\_\_\_

☐

AIRBORNE EXPRESS \_\_\_\_\_

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_

Date of Receipt

POSTMARK ILLEGIBLE ☐

NO POSTMARK ☐

FAX \_\_\_\_\_

Date of Receipt

OTHER \_\_\_\_\_

Date of Receipt or Postmark

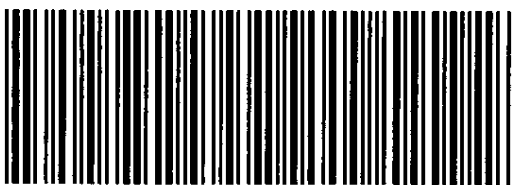
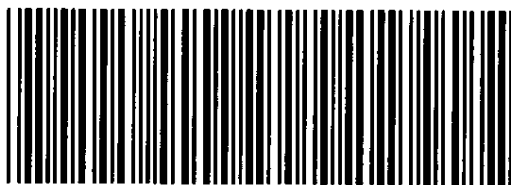
PREPARER

DH

DATE PREPARED

2-4-09

29820081854



28920081855